

Handwritten signature/initials.

**CLAIMS ONLY**

Application Number

09914700

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend	*		*		*		
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49							99						
50							100						
Total Indep	2						Total Indep						
Total Depend	7						Total Depend						
Total Claims	9						Total Claims						